

NHSN USER GROUP CALL

June 26th, 2019

WELCOME FROM THE SHARP UNIT!

❖ **Elli Ray**

❖ NHSN Epidemiologist

❖ **Brenda Brennan**

❖ HAI Coordinator/CRE Prevention
Coordinator/SHARP Unit Manager

❖ **Sara McNamara**

❖ Antimicrobial Resistance Epidemiologist

❖ **Noreen Mollon**

❖ Infection Prevention Consultant

❖ **Anne Haddad**

❖ Antimicrobial Stewardship Coordinator

❖ **Chardé Fisher**

❖ Health Educator

NHSN UPDATES

FACILITY ENROLLMENT WEBINAR SERIES FOR LONG-TERM CARE!

If you are a new facility or a recently added NHSN user interested in assistance through the NHSN enrollment and SAMS registration process, [this is for you!](#)

June 3rd - first annual facilitated enrollment series kick-off

During this first of four interactive webinar sessions, participants were guided through the first two steps of NHSN Enrollment, [preparation and facility registration](#).

The series will continue through June and July and work through ***NHSN 5-Step Enrollment for Long-term Care Facilities***.

Interested participants who attend the [annual training from July 9-11, 2019](#) will have the opportunity to meet with the onsite SAMS team to complete identify verification, notarization of enrollment documents, and issuance of the SAMS grid card.

[Please, spread the word!](#) If you know of someone who needs to enroll in NHSN or just complete SAMS registration, please share the attached *LTCF Facilitated Enrollment* flyer, and encourage them to participate!

NEW NHSH TRAINING MATERIALS NOW AVAILABLE!

The 2019 NHSN Patient Safety Component and Outpatient Procedure Component Training videos and slide decks are now available on the NHSN website!

Recorded presentations will include general changes for NHSN Patient Safety Component surveillance and provide participants the information and tools necessary to identify, report, and analyze VAE, PedVAE, CAUTI, CLABSI, SSI and MRSA Bacteremia and C. difficile LabID events

Additionally, recorded sessions covering validation of healthcare-associated infection data and data quality, reporting and analysis of antibiotic use and resistance data, the Outpatient Procedure Component (OPC), and information on the upcoming NHSN Neonatal Component are also available

All videos and slide PDFs are located on the NHSN training page at:
<https://www.cdc.gov/nhsn/training/continuing-edu/trainingvideos.html>

Continuing Education (CE) credits are pending for these activities, and NHSN will send CE information and instructions as soon as they become available

NHSN HELP DESK MANAGEMENT SYSTEM

- ❖ New system implemented by the NHSN help desk to manage inquiries
- ❖ All messages will now be assigned a ticket number for tracking
- ❖ All correspondence on that subject will be tracked by that number

CDC/STRIVE INFECTION CONTROL TRAININGS!

Includes 11 infection control training courses

First 2 courses available **JUNE 28TH**

Curriculum includes over forty training modules with focus on foundational and targeted infection prevention strategies

All courses offer FREE continuing educations

<https://www.cdc.gov/infectioncontrol/training/strive.html> - link goes live June 28th

PEDVAE CALCULATOR UPDATE

Recently updated to ensure accurate PEDVAE determination in neonates as related to day of life (where date of birth equals day of life 1)

The PEDVAE calculator will now address the issue of a patient crossing the threshold from <30 days of age to ≥30 days of age during the period of interest (2 day baseline period and 2 day period of worsening oxygenation)

Now required to indicate if the patient is <30 days of age on the date of mechanical ventilation initiation. If yes is selected, the patient's day of life at the time of ventilation initiation will be required before the user can proceed to the next screen.

The MAP interpretation are then applied related to the Day of Life for each calendar day when the Daily Minimum MAP values are entered

³ NHSN Pediatric Ventilator-Associated Event (PedVAE) Calculator Ver. 1.0

No Pediatric Ventilator-Associated Event (PedVAE) detected. Click on the "Explain" button to see an explanation of the PedVAE definition.

Is the patient's day of life (where date of birth = day of life 1) less than 30 days on the Mechanical Ventilation Start Date? Yes ☒

What is the patient's Day of Life (date of birth = day of life 1) on the Mechanical Ventilation Start Date? 28

Calculate PedVAE

Start Over

Explain...

MV Day	Date	Day of Life	Min. MAP	Min. FiO ₂	PedVAE
			0 - 50 (cmH ₂ O)	(21 - 100)	
1	5/1/2019	28	8 (5)*	30	
2	5/2/2019	29	8 (5)*	30	
3	5/3/2019	30	10 (5)*	40	
4	5/4/2019	31	12	40	
5	5/5/2019	32	12	40	
6	5/6/2019	33	12	40	
7	5/7/2019	34	12	40	
8	5/8/2019	35			
9	5/9/2019	36			
10	5/10/2019	37			

For a PedVAE to occur, there is a baseline period of stability or improvement of daily minimum MAP or FiO₂ values on two consecutive days. This is followed by two consecutive days of worsening oxygenation where the daily minimum MAP values increase by 4 cmH₂O or more or the daily minimum FiO₂ values increase by 25% or more, above the daily minimum value in the period of stability or improvement. The date of the PedVAE is set to the first day of worsening after the baseline period.

Based on the age of the patient for periods of stability where daily minimum MAP values are ≤ 8 (or 10) cmH₂O, the corresponding period of worsening oxygenation must have daily minimum MAP values of 12 (or 14) cmH₂O or greater.

OK

(Hint: this box is movable by dragging with your mouse. If you move it to one side and leave it open, the explanation will automatically update itself as things change.)

REMINDER!

Surveillance of MRSA Bacteremia and CDI LabID Events in Emergency Departments and 24 Hour Observation Units (**for Acute Care Hospitals ONLY**)

NHSN would like to remind facilities conducting FacWideIN surveillance that all active EDs and 24-hour OBS locations must be included in LabID Event surveillance efforts

Ensure that these units are listed on the monthly reporting plans, reporting monthly unit-specific denominator records, and reporting any positive MRSA bacteremia and or CDI specimen that meets NHSN criteria collected in these locations

Exclusion of these data may result in inaccurate SIRs

AU USERS CALL — JUNE 25

Topics covered included:

- Reporting metrics
- New NHSN AUR Module resources
- NICU SAAR updates
- ED SAAR development
- Overview of the NHSN Group Function
- Overview of the NHSN AR Option

Slides included in Documents for Download section

NEW AU EDUCATIONAL MATERIALS AVAILABLE

New AU Case examples which highlight real life stewardship interventions completed in various facility types using NHSN AU data have been posted:

<https://www.cdc.gov/nhsn/au-case-examples/index.html>

Updates to Analysis Resources section of the AUR module webpage

- Updated: AR Option Facility-Wide Antibigram
- NEW: Antimicrobial Use Rate Table – Drugs Predominately Used for Extensively Antimicrobial Resistant Bacteria
- NEW: Antimicrobial Use – SAAR Chart by Location
 - Demonstrates how to export data from NHSN and use an Excel Pivot table/Pivot chart functionality to generate a SAAR bar chart

AU OPTION SYNTHETIC DATA SET INITIATIVE

The Antimicrobial Use Synthetic Data Set (AU SDS) is test data that NHSN AU Option implementers can use to validate that their AU data aggregation methods comply with the NHSN AU Option protocol's requirements

Intended for use in testing numerator and denominator data aggregation, not conformance to CDA AU reporting

NHSN tentative goal to require validation of all AU CDA vendors beginning 2021. Beginning 2020, NHSN will post publicly all vendor software that has passed AU SDS validation to allow future and current customers to be aware of vendor services and successes with respect to the NHSN AU Option validation.

OTHER AU UPDATES

New Data Validation Guidance!

- The AUR Module Team has developed AR Option Data Validation guidance to be used by facilities implementing AR Option reporting or on an annual basis. The Team developed these questions to focus validation efforts on key AR Option protocol definitions and Clinical Document Architecture (CDA) requirements including sources of error. Facilities can complete the document to confirm data accuracy and guide discussions with your vendor in the case of data discrepancy. The new document can be found under the “Data Validation” section of the AUR Module webpage.

Admission and Specimen Collection Date

- Recently a defect was identified that does not allow AR Events to be successfully uploaded unless the specimen collection date is \leq the admission date reported in the CDA file. Until this defect is resolved, please use the outpatient encounter date (aka date the specimen was collected) as the admission date in the CDA file if the specimen was collected in an outpatient location (e.g., ED) but the patient was not admitted on that calendar day.

A MESSAGE FROM CDC/DHQP AND AHA

The Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion (DHQP) and the American Hospital Association (AHA) Center for Health Innovation would like to inform you of a collaborative program aimed at preventing and reducing *C. difficile* infections in hospitals nationwide. The program, titled “Let’s Make a C-DIFFerence: The CDI Prevention Collaborative”, is currently recruiting hospitals with opportunity for improvement as identified through the CDC’s National Healthcare Safety Network (NHSN) Targeted Assessment for Prevention (TAP) Reports. The 12-month learning collaborative will begin in fall 2019.

This program is a unique opportunity for hospitals to be directly engaged with the CDC to implement this work, with the AHA serving as support. Hospitals that join this Collaborative will use data to drive action in their facilities, as well as gain direct access to CDC health care expertise and peer-to-peer networking.

As our trusted partners, we value and appreciate your support of this program, and want to ensure that you are informed regarding our hospital outreach. In the next few weeks, we will be inviting identified hospitals to participate in this program. Should you or your hospitals have any questions, please contact the program team at cdifference@aha.org.

REMINDER!

**CMS Quality Reporting Deadline for 2019Q1
(January 1 – March 31)**

August 15, 2019

SHARP UPDATES

STATE-LEVEL ANTIBIOTIC PRESCRIBING REPORTS

As part of their AMR Challenge commitment, IQVIA will provide state-level antibiotic prescribing reports for each state plus Washington, D.C for the top 10% of outpatient prescribers in seven specialties.

SHARP has requested these reports and will be exploring opportunities to use these data

More information as we learn more!

NEW! SHARP RESOURCES AVAILABLE

Presentation slides from the CRE conference are available for viewing

HAI Acronyms/Common Phrase list

ALL presentation slides from the SHARP Symposiums available for viewing – for those interested in regional speakers presentations or those unable to attend

www.michigan.gov/hai

HAI SURVEILLANCE DASHBOARD

Coming Soon!

QUESTIONS?

NEXT MEETING

August 28 @10am